

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 01/012345	FILING DATE 10/05/10				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11	/						61				
12	/						62				
13	/						63				
14							64				
15							65				
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17							67				
18							68				
19							69				
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23							73				
24							74				
25							75				
26	/						76				
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28							78				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	74						TOTAL DEP.				
TOTAL CLAIMS	96						TOTAL CLAIMS				